



Benefit Services Division, P.O. Box 2796, Sacramento, CA 95812-2796
Telecommunications Device for the Deaf - (916) 326-3240 • FAX (916) 658-1280 • (800) 352-2238

Authorization to Release Information

You are hereby authorized to furnish the California Public Employees' Retirement System (CalPERS), or its representative, any and all information including photocopies of records in your possession, which CalPERS requires solely to assist in determining my physical or mental condition, illness, or disability.

The purpose of this authorization is to assist the CalPERS in determining my right to retirement or reinstatement under the Retirement Law, pursuant to Government Code Section 20128, and no other purpose. This authorization shall be valid for four years from the date shown below. A photographic copy of this authorization shall be as valid as the original. I know that I may request to receive a copy of this authorization.

_____/_____/_____
Signature Date

Address City State ZIP

Telephone Number

This release applies equally to personnel and other employment related records on file with any of my present or former employers which reflect my job duties, work performance, and other work-related issues, including but not limited to, attendance and sick leave records, and records of administrative and judicial action arising out of, or related to, my past or present employment.

_____/_____/_____
Signature Date

Note: Employee must sign both signature lines.